

Application No.: DCSS-2006-R-96130-00

DCSS Service/Commodity: Temporary Support Services

PRINT, COMPLETE & RETURN THIS LETTER OF
OFFER TO THE ADDRESS IN SECTION 5 OF THE
APPLICATION.

LETTER OF OFFER



NAME OF OFFEROR:

ADDRESS (Including Zip):

PHONE #:

FAX #:

E-MAIL:

TAX ID #:

LSDBE CERTIFICATION #:

(APPLICANT NAME)_____is offering to the District of Columbia similar products or services from the enclosed federal award base contract identified as: Contract No:_____ Contractor Name:_____
Federal Agency Name:_____.

(APPLICANT NAME)_____accepts the DCSS Terms and Conditions and District of Columbia Standard Contract Provision for Use with District of Columbia Government Supply and Services Contracts (November 2004) without exception.

I hereby certify that during the term of the DCSS contract, (APPLICANT NAME)_____ will only provide qualified personnel who meet the educational and/or experience requirements that are stipulated for the classifications listed in the federal award base contract as identified herein.

Sincerely,

Name:_____(Authorized Personnel)

Title:_____

Signature:_____ Date:_____